

COUNTY OF SAN DIEGO
DEPARTMENT OF ENVIRONMENTAL HEALTH
P.O. BOX 129261
SAN DIEGO, CA 92112-9261
(619) 338-2222

EL CAJON OFFICE
200 E. MAIN, 6TH FLOOR
EL CAJON, CA 92020
(619) 441-4030

SAN MARCOS OFFICE
338 VIA VERA CRUZ
ROOM 201
SAN MARCOS, CA 92069
(760) 471-0730

SAN DIEGO OFFICE
1255 IMPERIAL AVENUE
SAN DIEGO, CA 92101
(619) 338-2222

- For Office Use Only -

Establishment #	Location Code		Business Code	Units	Annual Fee	Expiration	
	Census Tract	Inc.				Month	Day

APPLICATION FOR PUBLIC HEALTH PERMIT

1. OWNER (Please Print) First Name Middle Last Name				2. BUSINESS PHONE Area Code ()	
				2a. FAX #:	
3. ADDRESS OF ESTABLISHMENT <u>or</u> HEADQUARTERS/COMMISSARY Street Number Street Name City Zip Code					
4. MAILING ADDRESS (if different from above) Street Number Street Name City Zip Code					
5. NAME OF ESTABLISHMENT			6. TYPE OF ESTABLISHMENT		
7. REASON FOR APPLICATION (Check one): <input type="checkbox"/> Reopen <input type="checkbox"/> New <input type="checkbox"/> Change of Owner <input type="checkbox"/> Additional Decals/Units			8. NUMBER OF PEOPLE WORKING: (Food Establishment Only)		
			9. NAME OF PREVIOUS OWNER:		
10. INDICATE NUMBER OF UNITS (if applicable) Housing Vending Mobile Home Units Pools Trucks Machines Lots <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>			11. DATE YOU START/ASSUME BUSINESS: Month Date Year		
12. TYPE OF ORGANIZATION (Check one) A. SINGLE OWNER <input type="checkbox"/> B. PARTNERSHIP <input type="checkbox"/> C. CORPORATION <input type="checkbox"/>		13. ASSESSOR'S PARCEL NO. _____-_____-_____ DRIVER'S LICENSE NO. _____ (COPY ATTACHED) FOOD VENDING VEHICLE LICENSE NUMBER(S) _____		14. COMPUTATION OF PERMIT FEE	
IF "B" or "C" LIST PARTNERS OR OFFICERS and their mailing address. If Corporation, also include the Agent for Service with the mailing address. _____ _____				A. BASIC FEE Basic No. Units \$	
				B. ADDITIONAL UNIT FEE No. @ \$ \$	
				C. SUBTOTAL (Sum of A & B) \$	
				D. PENALTY FOR LATE PAYMENT NOTE: Mobile Home Parks as follows: 10% after Feb. 1, and 100% after March 1. \$	
				E. TOTAL AMOUNT DUE \$	
15. NAME OF MANAGEMENT COMPANY (if applicable)				PHONE:	
16. Street Number Street Name City Zip Code					
17. ON-SITE CONTACT (name, unit #)				PHONE:	

I declare under penalty of perjury that to the best of my knowledge and belief, the statements made herein are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this permit and the operation of this business.

Signature _____ Date: _____
Title _____

H.D. USE	Receipt No.	Decal No.(s)